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Charles W Ashbrook Warner Lambert Company 2800 Plymouth Road Ann Arbor, MI 48105			Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
Allii A1001, MI 48103		<u> </u>				(Depositor's name)	
						(Signature)	
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APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.	
09/623,737 09/07/2000		Ellen Myra Dobrusin		5	716-01-CA	6362	
TITLE OF INVENTION: BICYCLIC PYRIN PROLIFERATION	MIDINES AND BICY	CLIC 3,4-DIHYDROP	YPRIMIDINES A	AS INF	HBITORS OF CEL	LULAR	
APPLN. TYPE SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	FEE	TOTAL FEE(S) DUB	DATE DUE	
nonprovisional NO	\$1510	\$0	\$0		\$1510	01/30/2009	
EXAMINER	ART UNIT	CLASS-SUBCLASS	]				
TRUONG, TAMTHOM NGO	1624	514-252160					
<ol> <li>Change of correspondence address or indication ( CFR 1.363).</li> </ol>	of "Fee Address" (37	2. For printing on the p			ı Bryan	C. Zielinski	
Change of correspondence address (or Change Address form PTO/SB/122) attached.	ge of Correspondence	(1) the names of up to or agents OR, alternation (2) the name of a single	vely, e firm (havino as a	membe	2 Stephe	n D. Prodnuk	
"Fee Address" indication (or "Fee Address" I PTO/SB/47; Rev 03-02 or more recent) attached Number is required.	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA	TO BE PRINTED ON T	HE PATENT (print or ty	oe)	<del></del>			
PLEASE NOTE: Unless an assignee is identification as set forth in 37 CFR 3.11. Complete	ed below, no assignee etion of this form is NO?	data will appear on the p I a substitute for filing an	atent. If an assigne assignment,	e is ide	ntified below, the do-	cument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Warner Lambert Company New York, New York							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government							
4a. The following fee(s) are submitted:	46	. Payment of Fcc(s): (Plea	se first reapply an	y previ	ously paid issue fee si	hown above)	
XX Issue Fee A check is end							
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Advance Order - # of Copies		The Director is hereby overpayment, to Depo	sit Account Numbe	7 <u>16-1</u>	445 (enclose an	extra copy of this form).	
<ol> <li>Change in Entity Status (from status indicated a a. Applicant claims SMALL ENTITY status.</li> </ol>		b. Applicant is no long	ger claiming SMAL	L ENTI	TY status. See 37 CFI	R 1.27(g)(2).	
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Authorized Signature 54/)	Date January /6, 2009						
Typed or printed name Stephen D.		Registration No. 43,020					
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